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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/718,224	<b>FILING DATE</b> 11/21/2000 <b>RULE</b> -	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2661	<b>ATTORNEY DOCKET NO.</b> 102689-66/00-U0042
<b>APPLICANTS</b> Darryl Black, Hollis, NH ; <i>AS</i> Anne K. Winiewicz, Lexington, MA ; <i>AS</i> <b>** CONTINUING DATA *****</b> <i>AS</i> <b>** FOREIGN APPLICATIONS *****</b> <i>AS</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 02/21/2001</b> <b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>AS</i> Verified and Acknowledged <i>AS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 215	<b>TOTAL CLAIMS</b> 28
			<b>INDEPENDENT CLAIMS</b> 6	
<b>ADDRESS</b>				
021125				
<b>TITLE</b>				
Internal network device dynamic health monitoring				
<b>FILING FEE RECEIVED</b> 547	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	